

# Neurologic Services and Procedures

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[Instructions for Use](#)

Table of Contents	Page
<a href="#">Coverage Guidelines</a> .....	1
• <a href="#">Neurologic Services and Procedures</a> .....	1
• <a href="#">Neuropsychological Testing</a> .....	3
<a href="#">Supporting Information</a> .....	3
<a href="#">Policy History/Revision Information</a> .....	5
<a href="#">Instructions for Use</a> .....	6

Related Medicare Advantage Policy Guideline
• <a href="#">Ambulatory EEG Monitoring</a>

## Coverage Guidelines

Diagnostic neurologic services and procedures, neurophysiological studies, and neuropsychological testing are covered when Medicare coverage criteria are met.

**Note:** The guidelines in this Coverage Summary are for specific procedures only. For procedures not addressed in this Coverage Summary, refer to the [Medicare Coverage Database](#) to search for applicable coverage policies (National Coverage Determination, Local Coverage Determinations and Local Coverage Articles). (Accessed June 19, 2024)

### Neurologic Services and Procedures

#### ***Vagus Nerve Stimulation for Treatment of Seizures (CPT Codes 61885, 61886, 64553, 64568, and 64570)***

Vagus nerve stimulation is covered. Vagus nerve stimulation is safe and effective treatment for patients with medically refractory partial onset seizures, for whom surgery is not recommended or for whom surgery has failed. Vagus nerve stimulation is not covered for patients with other types of seizure disorders which are medically refractory and for whom surgery is not recommended or for whom surgery has failed.

Refer to the [NCD for Vagus Nerve Stimulation \(VNS\) \(160.18\)](#).

**Note:** The Centers for Medicare and Medicaid Services (CMS) covers FDA approved vagus nerve stimulation (VNS) devices for treatment resistant depression (TRD) through Coverage with Evidence Development (CED).

Approved CED studies are posted on the CMS Coverage with Evidence Development webpage at <https://www.cms.gov/medicare/coverage/evidence>.

For payment rules for NCDs requiring CED, refer to the [Medicare Managed Care Manual, Chapter 4, §10.7.3 – Payment for Clinical Studies Approved Under Coverage with Evidence Development \(CED\)](#). (Accessed June 19, 2024)

#### ***Vagus Nerve Stimulation for Strokes (CPT Code 64568 and HCPCS Code C1827)***

Medicare does not have a National Coverage Determination (NCD) for vagus nerve stimulation for strokes. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Vagus and External Trigeminal Nerve Stimulation](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed June 19, 2024)

### ***Non-Ambulatory (Standard) EEG Monitoring and Video Recording (CPT Codes 95700, 95711, 95712, 95713, 95714, 95715, 95716, 95718, 95720, 95722, 95724, and 95726)***

Medicare does not have a National Coverage Determination (NCD) for non-ambulatory (standard) EEG monitoring and video recording. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Standard or Non-Ambulatory EEG Monitoring](#).

**For coverage guidelines for states/territories with no LCDs/LCAs**, refer to the UnitedHealthcare Commercial Medical Policy titled [Video Electroencephalographic \(vEEG\) Monitoring and Recording](#).

**Note:** After checking the [Standard or Non-Ambulatory EEG Monitoring](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed June 19, 2024)

### ***Electromyography (EMG) and Nerve Conduction Studies (CPT Codes 51784, 51785, 92265, 95860, 95861, 95863, 95864, 95865, 95866, 95867, 95868, 95869, 95870, 95872, 95873, 95874, 95885, 95886, 95887, 95905, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95933, 95937, and 95999)***

Medicare does not have a National Coverage Determination for electromyography (EMG) and nerve conduction studies. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) **exist for all states/territories**. Compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Electromyography \(EMG\) and Nerve Conduction Studies](#).

### ***Plagiocephaly and Craniosynostosis Treatment (HCPCS Codes L0112 and L0113)***

Medicare does not have a National Coverage Determination (NCD) for plagiocephaly and craniosynostosis treatment. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Plagiocephaly and Craniosynostosis Treatment](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed June 19, 2024)

### ***Motor Function Mapping Using Non-Invasive Navigated Transcranial Magnetic Stimulation (nTMS) (CPT Code 64999)***

Medicare does not have a National Coverage Determination (NCD) for motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Transcranial Magnetic Stimulation](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed June 19, 2024)

### ***Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) (CPT Code 0398T)***

Medicare does not have a National Coverage Determination (NCD) for MRgFUS. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) **exist for all states/territories** and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Magnetic Resonance Image Guided High Intensity Focused Ultrasound \(MRgFUS\)](#).

## Neuropsychological Testing (CPT Codes 96116, 96121, 96132, 96133, 96136, 96137, 96138, 96139, and 96146)

Medicare does not have a National Coverage Determination (NCD) for neuropsychological testing. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCD/LCA, refer to the table for [Neuropsychological Testing](#).

**For coverage guidelines for states/territories with no LCDs/LCAs**, refer to the UnitedHealthcare Commercial Medical Policy titled [Neuropsychological Testing Under the Medical Benefit](#).

**Note:** After checking the [Neuropsychological Testing](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

For additional benefit, billing and coding information, refer to the [Medicare Benefit Policy Manual Chapter 15, Section 80.2 – Psychological Tests and Neuropsychological Tests](#).

(Accessed June 19, 2024)

## Magnetoencephalography (MEG) (CPT Codes 95965 and 95966)

Medicare does not have a National Coverage Determination (NCD) for magnetoencephalography. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines**, refer to the InterQual® CP: Imaging, Imaging, Brain.

[Click here to view the InterQual® criteria.](#)

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.

(Accessed June 19, 2024)

## Supporting Information

### Electromyography (EMG) and Nerve Conduction Studies

Accessed June 19, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35897 (A57307)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	CGS Administrators, LLC	KY, OH
L34859 (A57123)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35098 (A57668)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L36524 (A54969)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	CA, AS, GU, HI, MP, NV
L36526 (A54992)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, WA, SD, UT, WY
L35081 (A54095)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, TX, PA
L35048 (A56619)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

**Electromyography (EMG) and Nerve Conduction Studies**

Accessed June 19, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34594 (A57478)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE
<a href="#">Back to Guidelines</a>				

**Standard or Non-Ambulatory EEG Monitoring**

Accessed June 19, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34521 (A57667)	<a href="#">Special EEG Tests</a>	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
<a href="#">Back to Guidelines</a>				

**Neuropsychological Testing**

Accessed June 19, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34353 (A57065)	<a href="#">Outpatient Psychiatry and Psychology Services</a>	Part A and B MAC	CGS Administrators, LLC	KY, OH
L34520 (A57780)	<a href="#">Psychological and Neuropsychological Tests</a>	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L33632 (A56937)	<a href="#">Psychiatry and Psychology Services</a>	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35101 (A57130)	<a href="#">Psychiatric Codes</a>	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L34646 (A57481)	<a href="#">Psychological and Neuropsychological Testing</a>	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE
<a href="#">Back to Guidelines</a>				

**Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS)**

Accessed June 19, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L37790 (A58323)	<a href="#">Magnetic Resonance Guided Focused Ultrasound Surgery System (MRgFUS) for the treatment of neurologic conditions</a>	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38506 (A57884)	<a href="#">Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor</a>	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI

## Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS)

Accessed June 19, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L37421 (A57435)	<a href="#">Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Tremor</a>	Part A and B MAC	National Government Services	CT, IL, MN, NY, MA, ME, NH, RI, WI, VT
L37738 (A57513)	<a href="#">Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor and Tremor Dominant Parkinson's Disease</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, WA, UT, WY
L37729 (A57512)	<a href="#">Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor and Tremor Dominant Parkinson's Disease</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	CA, HI, NV, AS, GU, MP
L38495 (A57839)	<a href="#">Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor</a>	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L37761 (A56690)	<a href="#">Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L35490 (A56902)	<a href="#">Category III Codes</a>	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IN, IA, KS, MI, MO, NE

[Back to Guidelines](#)

## Policy History/Revision Information

Date	Summary of Changes
08/01/2024	<p><b>Coverage Guidelines</b>  <b>Neurologic Services and Procedures</b>                      Magnetoencephalography (MEG) (CPT Codes 95965 and 95966)</p> <ul style="list-style-type: none"> <li>Updated list of applicable CPT codes; removed 95967</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated list of applicable Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information; modified reference information for:                             <ul style="list-style-type: none"> <li><i>Neuropsychological Testing</i></li> <li><i>Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS)</i></li> </ul> </li> </ul> <p><b>Administrative</b></p> <ul style="list-style-type: none"> <li>Archived previous policy version MCS061.08</li> </ul>

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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